

**A Special Interview with Barbara Loe Fisher
By Dr. Mercola**

BF: Barbara Loe Fisher

DM: Dr. Joseph Mercola, DO

INTRODUCTION: Welcome everyone. We're back again with Barbara Loe Fisher who is the founder of the National Vaccine Information Center - the best source for information about vaccine safety and effectiveness on the planet. It's www.NVIC.org.

Today, as we're discussing this, we're over the one year anniversary where swine flu came into the public eye again. We were warned about the catastrophic potential pandemic consequences that could kill literally millions if not tens of millions of people. It created a massive fear among the world population.

What we're going to do today is do a short summary of what actually happened, but the focus is going to be on preparing for next season.

Now, for those in the southern hemisphere, like Australia, that season is *now* but for most of you listening to this, it's going to be the upcoming fall.

There are some incredible new developments that you and your family need to know about. But before we talk about those developments, I want to give you a summary to give this a place in a proper context.

The United States contracted for the manufacture of over 170 million doses of swine flu vaccine. It's a major testimony and probably the single most significant accomplishment of our website that we were able to contribute to the fact that only 90 million doses were used in the United States. That's less than 1/3 of the United States population, somewhere between 25% and 30% of the population actually received the swine flu dose.

There were 70 million unused doses in the United States alone.

So we're very grateful to have contributed to that process by educating people with the facts and informing them of the truth that this indeed was a very mild disease and was not going to kill people in large numbers.

I gave some of the highlights of that. Why don't you go into some of the details and we'll review that and then go into the upcoming highlights for the flu vaccine for 2010?

BF: I think everybody remembers. It was such a dramatic event last spring when the World Health Organization announced that they have identified a new H1N1 human-bird-pig hybrid virus in Mexico. Very quickly, extremely quickly, they declared an international pandemic influenza emergency.

The Centers for Disease Control, the U.S. government, eventually also declared a national influenza pandemic emergency. All kinds of things happened when we did that because there has been a series of legislation that's been passed since September 11, 2001 that allows all kinds of things to happen when this nation declares a public health emergency, including protecting the vaccine companies from liability when vaccines they create to be used in this national public health emergency injure or kill people who use them.

It was a major event. I could remember everyone... You would go to the grocery store, and you would see people with masks on. Schools were being closed. Walls were being scrubbed down with disinfectant. People were very afraid. People were being screened on airplanes. There were people being detained in hotels in Europe and in Asia.

Everybody was afraid that this H1N1, this new influenza type A virus was going to be as bad as the 1918 Spanish flu. That's basically what we were led to believe. Immediately, the companies went into alert. They were urged by the government to create H1N1 vaccine.

Well, to make a long story short, by June/July of 2009, after the Southern Hemisphere experienced their flu season -- that's Australia, it was the country that was bringing out the most information -- it became clear that this H1N1 pandemic virus was not as severe as originally feared.

I mean, there was a projection that 60,000 to 90,000 people in the United States alone might die from this virus. A report came out, out of Australia, in, I think it was June or the first week of July, that this virus may be 40 times less lethal than was originally feared.

Well, within a week of that announcement, the World Health Organization told the countries of the world to stop lab confirming H1N1 suspected cases.

The CDC followed suit and told the States to not confirm the H1N1 cases that were coming into hospitals and the doctor's offices.

This of course put everything into the guesstimate category.

That is from then on, they had to estimate how many of these cases of influenza-like illness were actually this H1N1 swine flu.

Remember, only 20% of all flu-like illness that occurs every influenza season is actually type A or type B influenza, only 20%. That means 80% of the time, when we come

down with chills and fever and body aches and cough and runny nose and sometimes diarrhea and vomiting, what looks like flu, is actually *not* influenza.

A lot of things were coming in to doctors' offices; a lot of people were coming in with flu-like symptoms.

Were they all H1N1?

The CDC and the World Health Organization says that the vast majority of sickness in 2009 the looked like flu was H1N1 and that's the way they treated it.

DM: Thank you for that review. As I'm listening to you discuss this, I remember it very clearly and I'm sure most everyone else does, but how quickly we forget. I certainly didn't remember until you mentioned it. That was indeed the case -- people were panicking; there was this massive fear that people were wearing masks and sanitizing everything in sight; the concerns at the airports. It was just insanity going on. There was no rational justification for this. It's just amazing what time can do.

The other component I wanted to comment on though is the number of deaths that actually occurred.

Since the year 2003 -- I'll let you expand on this more because you studied this more carefully. My understanding is that since 2003, if you were to go back and look every year for the last seven years, or six years, prior to the last year, and look up how many people died from the flu, you will find that 36,000 people is the official government statistic. Thirty six thousand people died from influenza... and nothing could be further from the truth. I mean, this is how many die every year from 2003 to 2009?

Last year they got a little more careful, but it was compounded and complicated from the scenario that you just described at the World Health Organization (the CDC, not requiring serological confirmation), but they only had *12,000 recorded deaths*.

That was the official number of deaths from the flu.

BF: Twelve thousand is actually an estimate.

DM: It's still an estimate but it's an estimate that is literally two-thirds lower or nearly two-thirds lower than the previous nine years.

BF: That's exactly right.

DM: Which is just shocking. Here there is this massive panic that was being fostered on the American public, actually the world, and literally -- yes, people did die. They die every year. That's no mystery. But this year, when they got a little more aggressive in figuring out the numbers, they had two-thirds less people die from this disease. That's including both, the flu and the H1N1 swine flu.

BF: That's right. What a lot of people don't realize is that influenza category, those guesstimates that the CDC makes about influenza, includes in 2009, not just H1N1 but pneumonia, and flu-like illness. It's a very big category, the category of influenza. It's not just lab-confirmed influenza.

Remember, only 20% of what occurs every flu season is actually type A or type B influenza.

I went back and looked at where did the 36,000 figure come from?

Back in 2003, before 2009, the estimate by the CDC for influenza was about 21,000 influenza-associated deaths every year in the United States; the majority, over 80%, occurring in the elderly.

Well, as you point out, people die every year from respiratory infections and respiratory complications. The elderly are particularly susceptible to respiratory illness. It's what kills a lot of the elderly.

We all have to die some time. We all have to die of something. In the elderly, it's often a respiratory issue. I mean, we're not going to live forever. That's not to dismiss the fact that there may be 21,000 to 36,000 influenza-related deaths primarily in the elderly every year.

But, let's get real here.

Influenza, if you go back and look at the studies that had been done, is not the kind of problem that it is made out to be in healthy adults and in healthy children.

Anyone who has that underlying health problem is going to be at risk for any kind of infection. But the vast majority of healthy people are not.

Most of us, when we're challenged by a bacterial infection or by a virus or bacteria, when our resistance is down, I mean, we live with these viruses and bacteria everyday. Everyday of our lives we're surrounded by viruses and bacteria. Why do we get sick sometimes? Our resistance is down. There are issues as to why some people get sick and some people don't. Why some people recover from an infection and some people don't without complications.

It seems to me that we're looking at this very backwards.

For how many years, Dr. Mercola, have you pointed out that staying well, including staying well during the influenza season, has much more to do with your lifestyle, with whether you've got enough vitamin D. What kind of life are you living? What kind of environment are you surrounded by, than by depending totally on vaccines or pharmaceutical drugs to stay healthy.

That's getting off the main issue we're talking about but I think that people really don't understand that these figures that are put out there about how much death and damage is done by influenza are based on some pretty big guesstimates.

DM: I think it's an important tangent because it really put things in the proper context. The central issue is that, as you mentioned, is that we are not going to live forever and that ultimately we die.

Typically, one of the common mechanisms of death is respiratory infections as you age. This is sort of a catchall category that has been conveniently ascribed to influenza when many times, that's just the precipitating trigger.

The influenza doesn't actually kill person, it's the secondary pneumonia.

If you're living a healthy lifestyle--, which is what we've been helping teach people and educate them on how they do that. How to avoid the traps and the manipulations and distortions and deceptions that these large multinational corporations put in front of them to try to gain profits and have a whole separate result.

But if you do that; you get enough sun exposure and you're exercising regularly, you're avoiding sugars and toxins and drinking clean water... These are simple things that will extend your life and improve the quality of your life and decrease your resistance toward these diseases.

Clearly, what the pharmaceutical industry would love you to believe is that this magic vaccine injection, the flu shot, is going to somehow magically protect you from dying from the flu, when in fact the evidence couldn't be more clear. It just doesn't work at all in the elderly. It just doesn't work. It's only fraught with complications.

There is just this massive attempt to defraud and deceive people to generate these profits. Fortunately, we are able to penetrate this veil of misinformation as we did so effectively last year.

We want to start early this year by warning people what the new plan is. I think we need to do that now and let people know what's coming for the fall.

The news is that they are combining the swine flu and the regular flu [vaccines] and that you will not be able to get them individually. The only way you'll get the flu shot is if it comes in embedded with the swine flu. So maybe you can talk about that a bit.

BF: That's right.

In February of 2009, the CDC announced that every single American from the age of 6 months through the year of death should get an annual flu shot -- every single one of us

whether we're healthy or we're sick. In March of 2009, this mysterious H1N1 bird-pig-human hybrid influenza virus was discovered.

So here we are, everyone is supposed to get a flu shot every year. We're going into the flu season of 2010-2011. You're right, what they have done is they have decided that in the annual influenza shot for this year, there will be three type A or type B viruses and one will be H1N1.

Last year, you were able to get a trivalent -- three virus component influenza vaccine -- that's called a seasonal influenza vaccine or the H1N1 influenza vaccine, and the single shots. So there were two shots last year.

This year, they're combining the H1N1 swine flu shot into this trivalent formulation.

So when you go to your doctor's office you will be told to get one trivalent shot and it will contain the H1N1 component.

What are we hearing about that trivalent vaccine that's being used in the southern hemisphere -- Australia, where they're in their flu season right now?

Well, about a month ago, the Australian government suspended the use of the influenza vaccine that contains that H1N1 component in children under five because there were so many reports of children having high fevers, vomiting, and having convulsions that they decided it looked as if it was too dangerous in those children.

I understand that it's not just the children, that it is actually everyone who is using that trivalent formulation that has the H1N1 component, who are having more reactions than usual.

We don't know what's going on.

What we know in this country is several weeks ago, a special committee that was setup by the government to look at the H1N1 monovalent vaccine we used last year for signs that it may be associated with a higher rate of certain kinds of reactions.

What the committee found out provisionally is there were three signals with H1N1 swine flu vaccine that we used last year.

One was Guillain-Barre syndrome (GBS) which we know has been associated with influenza vaccine since 1976 when the first swine flu vaccine was used. So there is a signal with GBS.

There is a signal with a blood disorder called thrombocytopenia. Thrombocytopenia is when your blood cannot produce enough platelets. It's an autoimmune type reaction.

The other is Bell's palsy. That's a facial paralysis. It's a neuroimmune reaction. The government is saying they don't know if these are true signals or not, but there were some red flags that were raised.

So we have an issue where we're going in the 2010-2011 flu season with a vaccine that maybe very reactive.

I am concerned when it's brought out here in this country where we have over 300 million people which the government is told everyone, all 300 million are supposed to be getting this influenza vaccine. And we have a very aggressive push by the media and others who are following the lead of the government that we could have a bad situation.

DM: Yes indeed, a bad situation would be an understatement. I think that's clearly the case and the reason that we're warning people very early about this, because for the most part, it's not really known. It's not been announced. It certainly has not received widespread publicity. My guess is it's hard to tell at this point but maybe you can speculate I don't know if they're going to widely advertise it as such. They're going to try make it stealth and just slide it in there.

BF: Again, we have the policy in place that every single American is supposed to get a flu shot this coming year from six months of age through the year of death. That means every clinic; every doctor who has that flu vaccine is going to be pushing hard for it. Even in pregnant women.

I am very concerned about the issue of pregnant women getting influenza shots, particularly this one. We don't have enough scientific studies which have looked at the effects of giving influenza vaccine particularly this H1N1 vaccine to pregnant women.

Now, NIH, last year, last summer announced that they were doing studies in children and adults and in pregnant women of the H1N1 swine flu vaccine. About 120 pregnant women were supposed to be enrolled in a study in early September. They were enrolled for seven months, followed up for seven months was the plan. We still have yet to see any announcement of what the results of those studies were.

I think it's shocking, frankly, that we're asking pregnant women to get influenza vaccine and we don't have a scientific basis, that we haven't done the kinds of study that needs to be done to find out if that's a safe policy for pregnant women and for their unborn babies who are developing in the womb.

It's about the science. How much science do we have?

How good is it when it comes to giving every single person in this country an influenza shot every year including pregnant women?

I think the data is very thin.

DM: At best. I couldn't agree with you more. The question I have though, we haven't discussed this previously but we did mention earlier that 90 million doses of H1N1 swine flu were administered to the public last year. Do you happen to have the stats and how many doses of regular seasonal flu are administered?

BF: I don't. I know that we have, consistently in this country, about a 30% to 35% uptake with influenza vaccine. It's very low really.

DM: So not much more than the swine flu?

BF: No. And here is my concern with these 71 million doses of unused H1N1 vaccine and the unused seasonal influenza vaccine.

Most of those vaccines contain thimerosal, the mercury preservative thimerosal, because most of them are in multidose vials. There is only a very small amount of single dose vial vaccine that is mercury free or of trace mercury.

So here we have a lot of unused doses of influenza vaccine every year. The majority of which has thimerosal in it. You know that thimerosal containing vaccines including thimerosal containing influenza vaccine cannot be thrown in a regular garbage can, cannot be poured down the sink because it's considered hazardous material. You cannot dispose mercury containing products in the normal garbage or pour it down the drain.

That's pretty shocking but you can put it into people.

DM: An innocent child or an infant you can inject it into but you can't throw it in the garbage.

BF: No.

DM: So it's an interesting observation as to what the -- actually, a disparity as to the reality of what's going on here.

Now, there are 70 million doses of the H1N1 that were not used last year. Do you know if these are being disposed of properly, or are they actually going to take this vaccine and incorporate it and combine it with the seasonal flu vaccine?

BF: Well, it depends upon when that H1N1 vaccine was made last year. There is a shelf life to vaccine, which is why you have to dispose of it after the expiration date. It's my understanding that a number of these doses expire in June of 2010. I don't know how many and I don't know how they rolled out the production of this H1N1 vaccine. Maybe some of it could be used in the trivalent formula for this season... I don't know the answer to that.

DM: It would be interesting if you could have a chance to review that and find out and maybe we can report what's going on with it. My concern is that they're going to try to just to get rid of it in the new vaccines.

Although, in some cases, it really doesn't matter because the incentive for doing so would be to make sure they didn't waste it, but if in fact the government already purchased this, which I think they purchased the bulk of the vaccines and it's not laying in inventory in the drug companies' warehouse, then there is no incentive for them to do that. It's just an incentive actually for the opposite to make new vaccines so they could have more sales.

BF: I think that we really do need to take a hard look at this cradle to the grave approach for influenza vaccine.

We have to certainly demand that the proper scientific studies be done. For those people who want to use influenza vaccine, they deserve no less.

But we certainly shouldn't be in the business of mandating the use of influenza vaccine in this country. It seems like every single time the CDC recommends a vaccine for universal use by children, and now by adults, there is this issue of whether or not it should be required.

I am very concerned about that because we should all have the right to make free choices about the kind of healthcare we want. The kind of products that we want to use and that should go for vaccines as well.

DM: Can you let our listeners know what the current status of the flu vaccine -- you mentioned earlier that it's recommended for everyone from six months to the time of death. But has that recommendation been converted to a mandatory policy for school age children? In other words, if they don't have their annual flu vaccine they will not be admitted to class?

BF: I know that several States in the last few years have either tried to make it mandatory or have. I confess I haven't done a recent review of the states that have added the requirements. I'll do that. I know that parents in different states are trying to urge their legislators not to require the influenza vaccine for school entry.

As you know, in the last 25 years, there has been this incredible push to get these vaccines mandated. I remember in 2007, within six months of licensure in 2006 of the Gardasil vaccine, the HPV vaccine, the company went in and aggressively lobbied the legislators to require it for all sixth grade girls.

So this is the trend both for the companies who are producing these vaccines and want to have a stable market that they can predict because the mandates are enforced to the public health officials who see every single microorganism that they can potentially

eradicate with the use of vaccines. They're very philosophically very much in favor of these laws.

The people, in the meantime, the people are losing their right to make these choices every time a new vaccine is required by law. We lose a little bit of our freedom to make choices about the kinds of products that we're forced to use. Products like vaccines that contain additives like mercury, aluminum and that can cause brain damage. That can cause death. Every vaccine has an inherent risk of injury or death.

If you happen to have genetics or biological high risk factors that put you at greater risk than others for suffering vaccine induced harm, you're out of luck if you're required to do that. Because basically what the state is saying to you is you either put your life on the line or your child's life on the line for these vaccines, or you can't have an education.

It goes all the way up through college now these requirements. You can't get educated because you haven't this vaccine that could potentially hurt you. The societal punishments that are going to be attached could be much greater in the future including not being able to hold a job; not being able to get a driver's license; not being able to get on a plane; not being able to get into a hospital or a nursing home because you can't show proof that you have been vaccinated every year with the influenza vaccine.

There is something wrong with that picture.

DM: Yeah, absolutely, something desperately wrong. The real challenge of course is that we don't know what the long term consequences of these are. As we pointed out previously is that the long term safety studies have not been performed. Let alone acutely.

And then now we have the other -- you mentioned the issue of squalene and heavy metals and light metals like aluminum and mercury but then we also have the issue of contamination and the recent rotavirus that we talked about earlier and potentially contaminating these vaccines.

We have no understanding of what the acute implications are let alone the long term to the second and third generations. To the children of the children who are receiving the vaccines. We just don't know. These are actually inserted into our own DNA. We have no idea or comprehension of that.

So it is shocking.

Fortunately, I want to end this interview on a positive note and remind everyone that we did make a difference. Everyone listening to this most likely played a huge role in contributing to the fact that only somewhere between 25% and 30% of Americans fell into the hype and got the vaccine. We are winning.

What I did fail to mention is that the H1N1 vaccine was *not* mandatory last year. That was a major victory. As you mentioned, that the big issue. We don't want to lose our freedom.

I think we sort of halted this alarming trend that was precedent in rolling very quickly towards mandatory vaccines for all.

But by educating the people, giving them the fact, and giving them information that the regular conventional sources were not providing them; that they can make an intelligent informed choice. We're going to continue to do that.

What I would encourage everyone listening to do is to spread the word, to get educated, to let your friends and relatives know because they are not going to be hearing this in the conventional media. They are not going to hear it on TV. They're not going to read it on the paper or the conventional magazines. The truth is being hidden from them.

They cannot possibly make an informed choice unless they have this truth.

We've got them on the run. They are concerned. There are large numbers of people who are not vaccinating now and it's increasing. So we're making a dent. Everyone listening can play a huge role in preserving our freedom and protecting our innocent children.

BF: That's right because, you know, these vaccines should be allowed to float free in the marketplace like every other product and be subject to the law of supply and demand.

That is that if the people want them, they will be used. If the people are convinced, that the science is there to show that they are safe and effective, they will use them.

If the science is not there, if the policy is flawed, then you're going to have a lot of people like we saw last year who took a look at what is the evidence that these are safe and effective. What's the evidence that the H1N1 swine flu vaccine was necessary? That it was a lethal pandemic? That we did need to all line up and get this vaccine?

They looked at it and they said, that if the evidence is not convincing, I have the right to make a choice. Let's make sure that we, as you say, let's make sure that we are never in a position in this country where we are forced to get influenza vaccine that has not been proven safe, effective, or necessary.

DM: Absolutely. So I think we gave them enough information, a review of what happened last year and what's going to come and hopefully enough inspiration and encouragement to keep up the good work and to help spread the message.

Let other people know you can be a health evangelist. You can protect innocent people from being harmed and damaged by being exposed to this potentially dangerous

process that is seeking to be fostered on us for what appears in most cases to be for sheer profit of the drug companies.

So, I just would stay tuned and keep up the good work.

BF: Thank you Dr. Mercola.

DM: Thank you Barb.